

# THE MEDICAL AND SURGICAL REPORTER.

No. 1096.]

PHILADELPHIA, MARCH 2, 1878.

[VOL. XXXVIII.—No. 9.]

## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### TRACHEOTOMY IN CROUP.—REPORTS OF TWO CASES.

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In May last I had the honor to read before the Philadelphia County Medical Society a paper\* presenting some statistics as to the reported mortality from croup, and advocating the more frequent performance of tracheotomy in that disease.

During the discussion that followed, my own experience being asked for, I was obliged to say that, of the four operations I had then done for croup, none had been successful. All the children were relieved; one lived six days, and then succumbed quietly to the diphtheritic poison, which none of the means used, under the ablest advice and counsel, had availed to counteract; † another lived two days; another about twenty hours; and the remaining one ten hours. ‡

Since that time I have had two additional cases, one of which, in private practice, was successful; in the other, at the Episcopal Hospital, the operation failed to save the child's life.

The successful case was so illustrative of the views I endeavored to set forth in my former

\*Published in the MEDICAL AND SURGICAL REPORTER for September 29th, 1877.

†Case recorded in Hays' Journal, for January, 1870.

‡This case was recorded in Hays' Journal, for April, 1872.

paper, that a brief detail of it may be of interest.

George B., a stout child, a little over two years of age, was seen by me, at the request of Dr. R. R. Taylor, May 15th, 1877, at about 7.30 P.M. He had been under Dr. Taylor's care from the morning of the 14th, having shown symptoms of "a cold" for two days previously, after getting wet while at play.

When I saw him he was asleep; but his breathing was hoarse, thirty-six in the minute, with strong movements of the chest walls. Pulse about 140. There was some cyanosis as soon as he waked, when he began to struggle; voice wholly suppressed; some mucous râles throughout each lung.

An operation was decided on, and I performed it at once, with the aid of Dr. Taylor and Dr. C. M. Harris, who gave chloroform. There was no troublesome hemorrhage; but the child's neck was short, thick and plump, and the trachea in constant motion as he gasped. In about twenty-five minutes the tube was fairly in place, and the breathing was speedily relieved.

Dr. Harris stayed at the house all night. The child rested well. Enemata of beef tea, with small quantities of laudanum, were given two or three times; also inhalations of lime-water, and a mixture containing two and a half grains of chlorate of potash every two or three hours.

On the 16th two drops of tincture of chloride of iron were ordered every four hours.

17th. Two bad attacks of coughing and strangling occurred. The child now refused to swallow.

18th. Pulse 120. Respiration good. The

throat was swabbed out with nitrate of silver, two and a half grains to one fluid ounce of water. For 36 hours the only nourishment taken was by enema.

19th. He has had a bad night. Condition, however, much the same. The neck and lower part of the face were much swollen. He swallows a little at a time, very well. Throat swabbed out again. There is a great deal of muco-purulent secretion in the tube.

20th. He has had a better night; throat and face less swollen.

21st. Several severe strangling spells occurred through the night, and in the morning. At 2 P.M., the tube was removed and cleaned; he breathed pretty well, and expelled a good deal of tough, yellow muco-pus. Tube replaced.

23d. Tube removed again, and easily replaced.

24th. He was sleeping quietly at the time of our visit, 10 A.M.; had eaten freely of milk-tost for breakfast.

25th. Tube removed again, and kept out for about ten minutes. When he attempted to cry, there was some sound.

26th. He was playing about the room.

30th. Tube removed for about two hours. He breathed very well, but there was a good deal of secretion, and the voice was only occasionally and slightly audible.

31st. His father, by our direction, took the tube out at 8.30 A.M. At 2 P.M., when we saw him, he was perfectly comfortable; had said distinctly "Mamma, Nettie, Nonnie." We therefore allowed him to go without the tube, which was, however, kept clean, and in readiness to be inserted immediately, in case of need.

June 5th. At about 4 A.M. he had an attack of difficulty of breathing, with cough and loss of voice; but at 9.30 A.M., when I saw him, it had passed off; he was breathing quietly, and spoke several times while I was in the room. He had some fever, but it seemed to be due entirely to indigestion, and was relieved by appropriate remedies. After this he had no more trouble.

On the 16th I saw him playing about and shouting loudly. Occasionally there was a rasping sound as he breathed, which seemed to be dependent on the presence of exuberant granulations on the inner aspect of the healed wound.

Very little need be said by way of comment on this case. Had we been tempted, by the

favorable features of the child's condition, to postpone operative interference for twelve or twenty-four hours, the chances of success might have been greatly diminished. It seems to me beyond question, from the subsequent course of the case, that but for the tracheotomy the result would have been fatal. The fact may be noted that the entire nursing of the child was undertaken by his parents, who were intelligent and cultivated persons, and had already had much experience in sickness.

The other case, William M., aged two and a half years, was sent to the Episcopal Hospital, October 5th, 1877, by Dr. W. H. Bennett, for the purpose of having the trachea opened. The child had been sick for a week, under the treatment of an irregular practitioner. It seemed, as far as we could judge, that the trouble was wholly laryngeal. Cyanosis was very marked. The operation was rendered difficult by the occurrence of very copious hemorrhage, apparently venous. After many unsuccessful attempts to secure the bleeding vessels, the child being in an alarming state, I opened the trachea and inserted a large tube. Artificial respiration was then steadily and carefully employed, and ice applied at either side of the wound, while whisky and water were given frequently by the mouth. A good deal of blood was coughed and wiped out from the trachea, but at length the hemorrhage ceased, breathing was thoroughly established, and the little patient's condition became very good. He did well for about twelve hours, and then there were evidences of pulmonary congestion, especially at the lower part of the chest. This lasted some twelve hours, and then seemed gradually relieved; but the symptoms returned early in the morning of October 7th, and he died rather suddenly, thirty-one hours after the operation, just as he was slightly raised to take some food. No autopsy was allowed.

The reader will perhaps have noted the marked contrast between these two cases. In the one first mentioned, the early recognition of the gravity of the symptoms, the relief afforded by timely operation, and the careful, skillful and devoted nursing, were, beyond question, the means of saving life. On the other hand, the second child had been for a week attended by irregular practitioners, was in a less favorable state when operated on, and can hardly be supposed to have had the same care subsequently, from hospital nurses, as that which a

father and mother, intelligent and experienced in nursing, could and would give.

I take this opportunity of adding a few words to the considerations presented in my former paper. Although the mortality reports of this and other cities contain statements of the number of deaths from croup, which may perhaps be approximately correct (allowance being made for errors either way, of omission or of admission), they certainly afford no reliable clue to the total number of cases of the disease. Data on this point would be difficult to obtain, and yet its settlement would be of interest and value. Perhaps the best way to solve it would be by addressing a circular to all the regular practitioners of the city or State, asking them to keep and transmit accurate records of all the cases of croup and diphtheria seen by each within a definite period, say one, two, or five years. The longer the period, and the wider the field reported from, the better. Under the most favorable circumstances, allowance would have to be made for some sources of error, and for failures to respond. Such an inquiry could be best made by a committee of one of our societies, and at the end of the time the digested results might be reported for publication, under the sanction of the parent body.

Should the number of cases recovering under medical treatment be found to be proportionately small, or in other words, should the ratio of deaths to the total of cases be large, this fact would go far to strengthen the argument in favor of a more extended trial of tracheotomy, and of an earlier resort to it in special cases.

An inquiry so conducted, and meeting with a free and intelligent response, would put us in possession of a mass of facts from which inferences of value might be drawn in regard to other points affecting the clinical history of croup and diphtheria, and the relation existing between these two diseases.

Let me remark, in conclusion, that the difficulty in estimating the actual number of cases of croup is quite equaled by that of ascertaining the number of tracheotomies performed. In proof of this, it may be mentioned that Dr. Cohen, in his very valuable monograph on "Croup in its Relations to Tracheotomy,"\* published in 1874, gave only 325 American operations put upon record up to that time, with 84 successes, nearly 26 per cent. From his long

\* Read as a Communication to the Philadelphia County Medical Society, in January, 1874.

attention to the subject, and his well known accuracy of research, it is highly improbable that any published cases escaped him; but he justly remarks that there must have been many which have not been reported. I am myself aware of quite a large number, some successful, and some otherwise, which have never found their way into print.

#### ATONY OF THE RECTUM.

BY REUBEN A. VANCE, M.D.,  
Of Gallipolis, O.

In the following case the continued employment of enemata produced a condition of the muscular wall of the lower bowel which not infrequently results from the daily distention of that organ. The patient began to suffer from bearing down pains of a severe character, recurring at irregular intervals, some time during the autumn of 1873; the menstrual function ceased about the same time (she was then in her forty-seventh year) and a constant discharge of a thin, white fluid also first manifested itself during the latter part of that year, and has continued to trouble her ever since. The pains, at first irregular and of the character mentioned, soon became constant and neuralgic in nature. One of the numerous physicians she consulted advised the daily use of an enema, to which thirty drops of laudanum had been added, for the double purpose of relieving her pain and regulating her bowels. This course of treatment gave her ease for a number of months; she was then compelled to increase the dose of laudanum. At the present time she employs three teaspoonfuls of laudanum and a teaspoonful of warm water, morning and evening. The pains are thereby kept in abeyance, but the enemata no longer succeed in opening her bowels, and twice or thrice a week she takes a dose of castor oil. Even then her passages are hard, and so block up the rectum that she is compelled to pass her finger and mechanically assist in evacuating the lower bowel. In fact, it made no difference how much she experienced the desire to empty the rectum, no lumps could be passed unless she dislodged them in the manner indicated. There were a number of other interesting points revealed by physical exploration, but at present I only desire to allude to two—the relaxed, flaccid and baggy state of the rectal walls, and the ease with which the sphincters permitted my finger to pass into the

rectum. Just above the internal sphincter there was a rim of dry, hard, excrementitious matter, that came away when the examination was concluded; and at various points on the rectal wall similar lumps of feces could be encountered. When endeavoring to evacuate her bowels, she says all would go well, was it not for the fact that the feces accumulate in the lower part of the bowel and block up the passage. Also, when she has succeeded in dislodging the fecal matter, a large portion of the lining membrane of the rectum prolapses, and its return is very painful and tedious.

In cases similar to the foregoing, the rectum falls into a condition resembling, in many respects, that developed in advanced stages of ulceration of that organ. The rectum then becomes a stiff, firm, and somewhat unyielding tube, through which the feces are forced by the continued accumulations in the lower part of the sigmoid flexure of the colon.\* In both cases the proper expulsive powers of the muscular walls of the rectum are reduced to a minimum, while the sphincters are either atonied or relaxed. The extreme degree of constipation that may be thus induced is the only point in which atony of the rectum—as in the case just detailed—resembles the effects induced by hypertrophy or spasm of the sphincters. In both the excrementitious matters accumulate in the rectum, and both, if unrelieved, tend to produce loss of power in the muscular walls of the rectum by the great distention to which the coats of that organ may be subjected. In one case the weak and almost useless walls of the canal are not only unable to contract upon the contents of the rectal tube, but the flaccid membrane may fall between the blocks of distending matter, and offer an additional impediment to its discharge. In the other instance, despite the utmost force which the muscular fibres of the terminal portion of the large intestine can bring to bear upon the contained roll of fecal substance, the resistance afforded by the contracted sphincters is too great to be overcome.

In advanced age, atony of the rectum may develop spontaneously. But, however induced, the principles upon which the treatment should be based are substantially alike. The great indication is to restore power to the rectal walls. In cases in which the atony has been

brought on by the employment of enemata, their use should be restricted within proper limits, or altogether abandoned. One elderly gentleman who suffered in this way positively refused to abandon the syringe; he claimed that it was as necessary to wash out the rectum daily, as the mouth. Had he claimed that washing the anus daily was as essential as bathing the face, he would have been more nearly correct; he might as well, and as truly, have argued that his œsophagus needed syringing every twenty-four hours, as much as his rectum. In fact, such a course is no more necessary for the one than the other; but the old man was firmly fixed in his views, and all I could get him to do was to reduce the quantity of water, and add to it the medicine I prescribed. Directing him to use half a teacupful of liquid only, to which twenty drops of the tincture of nux vomica and half a fluid ounce of tincture of aloes had been added, and to take an hour more exercise in the open air every day, I found him greatly improved at the end of a couple of months.

The employment of strychnia, hypodermically, is one of the most reliable measures to which the physician can resort in almost any case of muscular atony. I have used it on many occasions in the treatment of prolapsus recti, and have had ample reason to be satisfied with the result.

An erroneous idea prevails, relative to the use of this method of treatment, that is, that it is of no use to employ strychnia hypodermically unless it can be injected into the affected part. Now, while I am not prepared to say that its local use is not superior to its general use—for I have almost always employed it in the latter way—yet I can say that I have obtained excellent results on a great number of occasions, and have never found it necessary to use it locally, when its injection at the affected point would produce much pain.\* It is most certainly the fact that in the vast majority of cases strychnia is equally effective in relieving loss of muscular power, whether thrown into the cellular tissue at a distance from the diseased part, or injected directly among the weakened fibres.

Occasionally, substituting cold for warm water, in cases where the patient obstinately

\* Vance—"Ulceration of the Rectum." *Cincinnati Lancet and Observer*, April, 1877.

\* Vance—"The Treatment of Paralysis, by Hypodermic Injections of Strychnia." *Journal of Psychological Medicine*, April, 1870.



persists in continuing to use enemata in the ordinary manner, will be attended with a speedy improvement in the strength of the muscular coats of the rectum. As generally used, the water is simply thrown into the rectum at a point immediately within the grasp of the sphincter muscles; when this is done, in a healthy condition of the parts, the water may be returned as soon as the rectum contracts, without ever coming in contact with fecal matter. The explanation of this fact is found in the normal arrangement of the parts in the lower end of the large intestine, and in the physiology of defecation—two subjects concerning which true ideas are far from being universally diffused in the profession, much less among the public.

In health, the circular band of muscular fibres between the lower end of the sigmoid flexure and the upper end of the rectum are firmly contracted, and the cavity of the remaining portion of the large intestine is thus cut off from that of the rectum. The rectal walls are in apposition, as much as those of the œsophagus; in fact, there is a great resemblance in many points between the œsophagus and the rectum. When the first sensation warns the person that the time has arrived for the evacuation of his bowels, the sphincter between the sigmoid flexure and the rectum relaxes, and fecal matter passes into the rectum, but even then it may not be discharged. It is still within the individual's power to delay its evacuation for from a few hours to a day or two. After a time, when the call is unheeded, the rectum returns the fœces to the sigmoid flexure, and the muscular band separating the two organs recontracts. This is the usual course when, from any cause, the bowels are not emptied when the signal for defecation has been given; consequently, fecal matter might be found in the rectum for the few minutes intervening between the first call to retire and the subsidence of the uneasy sensations—whether the latter is brought about by attending to the demands of nature and emptying the rectum, or by resisting the feeling to the degree necessary to induce the anti-peristaltic movements which cause the return of the fœces to the sigmoid flexure—but never, in health, at any other time.

One of the first deviations from a healthy state of the rectum is to be found in such a degree of atony as will allow of accumulations of fecal matter in that organ. This state is oc-

asionally brought about, in the first place, by carelessness, and subsequently aggravated by the improper use of enemata. One good rule is, never to throw large quantities of water into the rectum. When a long, flexible tube, however, is used, and the water injected into the sigmoid flexure, no harm can be done. Were physicians to explain this point in the physiology of the rectum to patients in the habit of using enemata, and to insist, furthermore, upon their supplying themselves with proper tubes to their syringes, there would be much less harm done to that organ by those instruments, and there would be much less distress induced by those diseases which such interference with the circulation through the atonied structures is prone to excite.

### PARTURITION.

BY BENJAMIN F. LAMB, A.M., M.D.,  
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#### Mechanism of the Fourth Stage (Cazeaux).

The difficulties encountered in preventing the accidents peculiar to the fourth stage of labor have constituted with many a problem of great intricacy, and admitting of solution only by the ordeal of experience. Indeed, it has been esteemed a modern "riddle of the Sphinx, at which every physician has tried his hand, and every one has come to grief."

In proposing a solution for this problem, indulgence is solicited to refer to certain theories advanced in a lecture\* published in the MEDICAL AND SURGICAL REPORTER of March 31, 1877, controverting points of doctrine that have long been established in medicine.

In allusion to the different views held by the profession on the subject of the perineal support, the theory is proposed, in the said lecture, that "all this diversity of opinion means that nature herself intends to take care of the perineum." On the contrary, it may be observed that this discrepancy has reference only to methods of action, and not to the object sought, and consequently rather than denying it, a fortiori confirms the necessity of perineal protection. This object is likewise regarded of the greatest moment by obstetrical authorities, since it is well known that the conservancy of the structure of the perineum may be destroyed by the action of "nature herself" in the function of parturition.

\* By William Goodell, M. D.

2. With further reference to the same subject, the precept is advanced, that when a case is supposed to be "a morbid one, and really needs help," we should "imitate nature." In thus conceding the necessity of external aid in a certain emergency, the question of morbidness may prove so complex as not to admit of a categorical answer, as it would thus involve a knowledge of conditions that are not always preconceived, and hence are unknown.

3. It is observed again, in specifying the method of nature, that "she retards the too rapidly advancing head," and its progress must be resisted "by making direct pressure on it." The province of nature in the process of labor consists essentially in the propulsion of the foetus through a certain medium of resistance, and embraces thereby the function of energy, rather than of inertia, which is the attribute inanimate material.

As the impact of the projectile is in no sense the act of nature, neither can the resistance to the progress of the foetus be so construed. If it were nature's office to retard rapid delivery, the inference is that such could become a general law in the various conditions of civilized or savage life. In observing, however, the conditions invoked by the domain of art in human life, we distinctly note the absence of any such law, but that the chief resistance at the inferior strait, in the mechanism of labor, is merely a contingent factor, positively or negatively admitting of much variation. In savage life this resistance may prove infinitely small, while with the highly civilized it may become exceedingly great, so as even to destroy the true action of nature, namely, that of the parturient force.

The application of "direct pressure" upon the head would, therefore, seem to be a misconception of the imitation of Nature, and, in thus weakening the expulsive force, would, furthermore, be a hazardous measure, and one which may result in an accident far more dangerous than that sought to be avoided, namely, the rupture of the uterus. That such accidents may occur, either from excessive resistance to fetal progress, or from inherent debility of uterine tissue, or from the two causes combined, there is ample evidence. In the *Medical and Surgical Reporter*, Vol. xxxvi, page 260, may be found an interesting narrative of a case in point, with its marvelous recovery, while numer-

ous others have been reported in current literature of obstetrics.

Furthermore, on the subject of resistance by "direct pressure," we have on record the wise counsel of eminent obstetrical authority. Said one,\* "in all difficult and protracted labor, when an obstacle is presented to the progress of the child, which the uterus has not power to overcome, the occurrence of fetal rupture of its coats is the accident we have most to dread." Again, by pressing † "directly against the head of the foetus," there is danger of "thus antagonizing the expulsive efforts of the uterus, and, therefore, incurring the liability of rupturing the organ." With equal emphasis may be cited, upon this important point, the authority of Churchill and of Cazeaux, and the more recent works of Schroeder and of Leishmann.

4. It is difficult to conceive, as further claimed in the said lecture, how the "word 'support,' as applied to the perineum, is a misnomer," or that it is not the perineum, but the head that needs support; or that "by supporting the head we support the perineum," for the following reasons: 1. The protection of the perineum can be accomplished only by a manual support of the same. 2. The head, being firmly impacted by surrounding points of resistance, does not require additional support. 3. While from previous deduction the application of "direct pressure" against the head is not a safe expedient, the effort of thus "supporting the head" only retards its progress in a direct line through the perineum, and thus fails to extend to the latter the necessary protection; for, as said by one authority, ‡ "it has happened that the head has passed directly through the perineum without injuring the commissure of the vulva; and there is supposed *always to exist* some danger of its tearing the anterior edge of the perineum, at least, when that point is unprotected."

In the writer's own experience, it has occurred that the head became enveloped, as by a capsule, in the broad septum perinei, from which there could have been no possible escape without perforation or extensive laceration.

5. In the lecture quoted, it is further asserted that "if the ordinary mode of support ever

\*Theory and Practice of Midwifery; Robert Lee, p. 418.

†Principles and Practice of Obstetrics. Third Ed., p. 363. Gunning S. Bedford, M.D.

‡Obstetrics; the Science and the Art. Second Ed. p. 333, Charles D. Meigs, M.D.

does any good, it is by retarding the advance of the head." This theory having been answered in the foregoing, we are now led to inquire what is implied by the "ordinary mode of support," and what its object? One authority said,\* "the hand should be applied in such a manner as to protract the inclined plane of the sacrum, and thereby assist the perineum to compel the head to undergo extension." Another advises† that the hand be so placed as to "constitute a plain surface, being careful not to have the radial portion above the inferior commissure."

A distinguished authority‡ also directs that "the pressure" be so disposed "as to give the fetal head a forward direction and facilitate its movement of extension." While other authorities may be cited, attesting the above doctrine, we may finally quote more explicitly that "by counter pressure is meant pressing the head forward to the symphysis pubis and preventing the whole force of uterine action being directed against the perineum." It will thus be observed that the "ordinary mode of support" implies the deflection of the head upon the line of the parturient curve, and with the paramount object of thus protecting the perineum.

The primary factor involved in the process of labor being the expulsive force, and there being a variation of ratio between this and certain other forces, the mutual relation of these factors may present a subject of further inquiry. Starting from the promontory of the sacrum, the fetus is subject to the action of three forces, namely, 1. The expulsive force. 2. That of reaction from the sacral plane; and 3. That of recoil. These forces acting simultaneously cause the fetus to pursue the resultant, as shown in the "parallelogram of forces" and corresponding to the parturient curve. This curve, as formerly described by Professor Carus,§ and now generally considered the circle, possesses rather the properties of the parabola|| in which the expulsive force may be expressed in general terms, by the formula,  $F = \frac{a^2 s}{4T}$ .

The definite value of this force will, however, depend upon the conditions whether it remain

constant or variable. 1. If variable, it will be measured by the velocity, or (1)  $F \times V$ , when the resistance is constant, and inversely by the velocity, or, (2)  $F \times \frac{1}{V}$ , when the resistance is variable. 2. If the force remains constant, the momentum acquired will depend upon the time occupied, and the velocity will vary as the force multiplied by the time, or,  $V \times F T$ ; and the force will thus be measured by the velocity divided by the time, or, (3)  $F \times \frac{V}{T}$ , when the resistance is constant, and by the time divided by the velocity, or, (4)  $F \times \frac{T}{V}$ , when the resistance is variable.

In these four formulæ we have expressions, for estimating the definite value of the expulsive force, whether constant or variable, and its relation to the resistance and the remaining forces involved in parturition. A disturbance of this relation is, however, encountered in the fourth stage, owing to the previous suspension of the force of reaction at the termination of the sacrum, and the consequent loss of a factor, which is partially substituted by the increased activity of the force of recoil in the perineum. The inefficiency of the latter force, however, and the friable nature of the soft tissues, cause the process of labor to become much retarded, and the tendency to laceration imminent. These results may be obviated, and the labor much facilitated, by the restoration of the lost factor, and the effectual maintenance of the resultant in the line of the parabola, which may be accomplished by supplementing the curve of the sacrum, as advised by standard authorities.

## NOTES OF SURGICAL CASES.

REPORTED BY DR. WILLIAM N. BAYNTON,  
Of Columbia, Pa.

### Lacerated Wound of Abdomen and Anterior Femoral Region.

John W. Findley, aged twenty-eight years, marked strumous diathesis, while engaged in running a circular saw, tripped, and fell directly upon it, while in the act of handing a piece of wood to a bystander. He was immediately placed upon a stretcher and carried home, a distance of about three-quarters of a mile, where Dr. Alexander Craig, of this place, and myself, saw him. We found that the abdominal cavity was exposed by an extensive lacerated wound, which commenced a little below and to the right of the umbilicus, a mass of

\* Meigs, loc. cit.

† Bedford, loc. cit.

‡ Theoretical and Practical Midwifery. Fifth Am. Edition, p. 308. P. Cazeaux.

§ Lehrbuch der Gynäkologie, etc. Part I, p. 33.

|| Natural Philosophy. D. Olmstead, Art. 49.

¶ D. Olmstead, loc. cit., Art. 35.

omentum protruding from a point corresponding midway between the external and internal abdominal rings; immediately below this the wound became more superficial, the hollow of the groin protecting the parts in this situation somewhat, so that Poupart's ligament was preserved intact. Proceeding downward, the wound traversed the anterior aspect of the thigh, splitting the large extensors in almost their entire length, and terminated three or four inches above the inner condyle. Hemorrhage was quite profuse from the lesser vessels, the femoral barely escaping.

After carefully picking out the debris of clothing, shreds of which were drawn deeply into the tissues by the teeth of the saw, the edges of the wound were brought together by the silver wire, and compresses saturated with a solution of hydrate of chloral (four grains to the ounce) applied. Opiates were administered prudently, and the case progressed rapidly and steadily to recovery. The remarkable feature of the case is that, although the patient's vitality was considerably below par, from struma, and the peritoneum badly torn, not a particle of peritonitis showed itself, but recovery took place without any untoward symptoms.

#### Obscure Case of Cerebral Hemorrhage.

The patient, George Detwiler, aged eighteen years, delicate, but of healthy ancestry, living in a miasmatic district along the west bank of the Susquehanna, complained of neuralgic pain in left side of head. After a week's illness, inflammation of left tonsil set in, resulting in abscess, which, during the night of December 7th, 1877, opened and discharged freely.

Saturday, December 8th, patient much relieved; could open mouth and protrude tongue naturally. He continued to improve upon iron, quinia and astringent gargles, until the following Tuesday, when his attending physician, Dr. William Bigler, of York county, was sent for in great haste, the patient having had a profuse hemorrhage *per orem*; the doctor lived six miles away, and before his arrival the bleeding had ceased spontaneously. Again the patient began to rally, and continued to do well until Friday, December 14th; when a worse attack of hemorrhage than the former set in, bringing him to an almost exsanguine condition. These excessive hemorrhages would, of course, leave the patient in a state of col-

lapse, similar to the shock observed after grave injuries, being drenched with perspiration, almost moribund, etc., but partially conscious.

At this time Dr. Alexander Craig, of Columbia, was called in consultation, meeting Dr. Bigler at about 6 P.M.; but the patient was so extremely reduced that, as the bleeding had, in the meantime, again stopped, it was thought best, in the absence of a perfectly clear diagnosis, to proceed on general principles, and to await developments until morning. The question arose as to where the blood came from. As far as could be seen by lamp light, the affected tonsil was nearly well, and the doctors satisfied themselves that it did not proceed from that point; the lungs were clear, and there were no signs of congestion of any of the contiguous parts.

December 15th. Met at noon, and, much to the surprise of the attending physicians, found complete paralysis of right arm and leg, with slight paralysis of right side of face and tongue, which became more clearly evident when patient attempted to open mouth beyond a certain extent, or to protrude tongue beyond a certain distance; patient conscious, but extremely weak. A few drops of blood were now discovered oozing from the left external auditory meatus, which indicated that the lesion was intra-cranial. Ergot and digitalis, with free doses of gallic acid, were prescribed.

December 16th, noon. More volume and less frequency of pulse; paralysis same; no bleeding; pupils and skin natural; bowels regular and good.

December 17th. Soon after midnight a third hemorrhage occurred, which ended in death of patient.

*Comments.*—This case is of rare interest to the observant and investigating physician, on account of the obscurity of the origin of the hemorrhage. It will be noticed that the patient had pain in left side of head prior to the tonsillitis, succeeded by right hemiplegia and oozing of blood from left ear; consequently, any thoughts that at first may have been entertained that the hemorrhage was due to erosion of the carotid by the abscess soon became untenable, and were excluded. It became evident that some intra-cranial vessel had become ruptured, at the base of the brain, most probably, and the resultant clot had produced the hemiplegia; but where was the precise seat of the trouble, and through what channel of com-



munication did the hemorrhage reach the posterior nares and mouth, and thus make its exit? These questions could have been definitely settled by a post-mortem examination, which, for various reasons, could not be obtained; therefore, to account for this peculiar case, we are left to construct hypotheses, or to adopt the method of exclusion—by satisfying ourselves as to where the hemorrhage did *not* come from, to arrive at a probable conclusion from whence it *did*.

#### Traumatic Rupture of Common Carotid.

John Hebble, aged sixty-five years, a laborer, was the victim of an accident presenting points of surgical interest. On December 28th, 1877, while plying his avocation, he was struck in the right side of the neck by a steel spliator, which broke off from his own sledge, or from that of one of his fellow workmen. This missile, which closely resembled, in form and size, an apple seed, with razor-like edges, penetrated the neck about two inches below the right ear, making a wound somewhat similar in appearance to a gunshot wound, but smaller than that made by an ordinary bullet, and was discovered lying subcutaneously just beneath the middle of the right clavicle, where it was extracted, it having pursued a peculiar zig-zag course between entrance and exit, the details of which were revealed at the autopsy, which is given herewith. Patient lived twelve hours after the accident.

"Below and a little in front of the wound of entrance was a small incision, evidently made by the attending physician (Dr. H. E. Norris) by way of treatment, and below this, at the upper part of the breast, just below the middle of the right collar bone, was a third opening, which was the point at which the missile had been removed. The distance between the points of entrance and exit was nearly four inches. The neck was swollen to probably double its usual thickness. Upon removing the skin from the parts affected, and carefully following the course of the missile, we found that it had gone almost directly inward a short distance, then downward, and more toward the front of the neck, passing through the right common carotid artery, an inch below its bifurcation, when it again turned outward and downward, to the point where it had been removed, traversing a distance, in all, of probably five or six inches. Beneath and about the incisions in

the artery was quite a large clot of blood, which accounted for the enormous swelling of the neck. This clot had forced the various organs in its vicinity quite out of their natural position, and pressed so forcibly upon the air passages as to interrupt breathing, from which cause death was the result."

#### A CASE OF HOUR-GLASS CONTRACTION. BEFORE DELIVERY.

BY J. N. PAGE, M.D.,  
Of Dayton, Iowa.

Mrs. A. J., living six miles in the country, was taken in labor, Tuesday, 10 P.M., August 21st, 1877. I was called to see her Wednesday, the 22d, at 7 A.M. The pains had been regular and frequent, from the first. An old lady in attendance, who pretended to act the part of accoucheur, had ruptured the membranes, at about 2 A.M., and tried, as she stated, in every conceivable way, to deliver the child, but failed. On examination I found the os uteri sufficiently dilated to let the child pass, and the pains sufficiently strong; I thought if time enough were given, with considerable encouragement, that labor would progress naturally and delivery would be quite easy. On the second examination I found the pains did not produce any advancement; I then suspected something wrong, and introduced my hand to ascertain, if possible, the trouble. I found that there was no deformity that prevented delivery, and passed my hand around the head of the child, but could pass it no further, for the uterus was contracted around the neck of the child, as it is in hour-glass contraction around the umbilical cord. I then tried to pass my finger between the neck of the child and this contracted uterus, to relax the stricture, but did not succeed. At about 9 A.M. I commenced to administer narcotics (hydrate chloral), which I continued until nearly one drachm had been given (at the same time watching the progress of labor). The presentation being favorable, the face looking backward, I thought instrumental aid was demanded, and really necessary; I therefore at once applied the forceps, but with all the force I dared to use I could not deliver the child. Perhaps it would be well for me to say here that I did not administer chloroform, as there was no one present to assist, and in the use of instruments had to endure the woman's resistance. I then waited a little for the patient to rest, and intro-

duced my hand, only to find the same condition as before. Fearing a rupture of the uterus, or some other accident, I advised counsel, and immediately dispatched a messenger for A. W. Garlock, M.D., who arrived at 12.30 P.M. We determined to continue the use of the hydrate chloral and await time, which we did until we had given nearly one-half drachm more. At 3 P.M., the stricture continuing the same, we gave the ergot and anæsthetic. I applied the forceps, and with force succeeded in delivering the child at 4 P.M. After the head was brought down into the pelvic cavity the uterus seemed to relax and the further delivery was easy. Fearing hour-glass contraction on the cord I introduced my fingers far enough to pierce the placenta, and brought a part of it through the os uteri, and then waited for the contraction of the uterus to expel it, which it soon did with the assistance I gave by gently pulling and torsion of the cord.

The woman made a fair recovery. The child lived about six weeks.

The principal object in reporting this case is, not merely to call attention of the readers of the REPORTER to it, but to elicit some criticism.

## MEDICAL SOCIETIES.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a Conversational Meeting held December 12th, 1877, at the hall of the College of Physicians, Dr. Henry H. Smith, President of the Society, announced from the chair that, at his request Dr. W. H. Bennett had prepared a paper for presentation before the Society, entitled "The Beneficial Results Derived from Sea Air, Sea Baths, etc., in the Summer Diarrhoea and other Diseases of Children, as illustrated by cases in the Children's Seaside Home, Atlantic City, with a Description of the Buildings, Organization, etc., of the Home."

On motion, the paper was accepted and Dr. Taylor requested to read it.

After the chair announced the subject open for general discussion, Dr. C. B. Nancrede remarked that he thought the mountains offered superior advantages to the sea shore for sick children. It is impossible to get good milk at Atlantic City and Cape May. He had seen very hot weather at the shore, continuing for weeks at a time, and had noticed cholera infantum originating at these places. For many patients the air is too heavy and damp, and the alternations of heat in the day and cold at night are too severe, especially for those suffer-

ing from pulmonary complaints. Sea-bathing does not suit delicate patients, and may cause collapse or transient albuminuria.

Dr. William B. Atkinson said that the poor quality of the milk was not an insuperable objection, as many of his patients are using condensed milk in preference to the fresh article. He spoke very favorably of the quality of the condensed milk furnished by the Baltimore Company. It is prepared simply by evaporation in vacuo, and no sugar is added to preserve it. In the first place good milk is selected and exposed to a temperature of 180° until it has attained the proper consistency. It is supplied in bulk, and keeps well in hot weather; he always kept it in a refrigerator for his own use, and liked it so well that he used no other milk in his household. He regards it as much superior to the condensed milk in cans, which is generally loaded with sugar. He had very good results among children by the use of this milk.

In regard to Atlantic City as a place for the treatment of sick children, he mentioned the case of his own child, whose life, he firmly believed, had been twice saved by taking him to the seashore. Although seriously ill on each occasion, he had shown the good effects of the change almost immediately.

He was glad to notice that Dr. Bennett had condemned the actions of those people who carry young children, screaming with fright, into the water, and bathe them against their will. This is more than thoughtless; it is cruel, and often injures a child instead of doing it good. It is not necessary for children to bathe in order to reap the advantages of the place; a simple out-door life, playing in the sand, is often of the greatest benefit.

Dr. I. V. Shoemaker had seen cases of chronic eczema greatly benefited by hot sea bathing, which exerts a very stimulating effect on the skin. In the treatment of skin diseases it acts very much on the same principle as, and may be utilized as a substitute for, the green soap employed by Hebra, as a stimulant and solvent.

Dr. C. R. Prall had not used condensed milk, because he had been always able to get good, rich, dairy milk in his neighborhood. The test of good milk is the amount of cream that will rise; he doubted very much whether any cream could be made to rise from a solution of condensed milk.

Dr. W. R. D. Blackwood could not agree with Dr. Atkinson with reference to the Baltimore condensed milk. He had found it nauseous and impracticable as an agent for the nourishment of infants. It is so intensely salt as to prevent its use for infants, and those who had once tried the standard brand, *Borden's*, would not, under any circumstances, substitute such an unpalatable article as the one spoken of by Dr. Atkinson. The sole difficulty in using condensed milk was its too great dilution with water by the parents or nurses.

Dr. Wm. A. Burns inquired of Dr. Goodell, whether he had had any experience in the use

of condensed milk in children's complaints and in rearing infants. He would ask, at the same time, if he correctly understood Dr. Goodell to say, on a former occasion, that "teething is a bugbear," and, if so, would he be so kind as to explain the remark.

Dr. William Goodell said that, in regard to the remark about teething, he believed he had said something of the kind, meaning to imply that too much should not be made of the act of teething, as it is a physiological and not a pathological process. If the child is otherwise in good health this need not be so greatly dreaded. Concerning the condensed milk furnished by the company referred to by Dr. Atkinson, he had tasted the article, and had found it to have a salty taste. He had tried it, on the Doctor's recommendation, and had substituted this preparation, properly diluted, for the usual morning's milk, and no one in the Institution over which he had charge detected the difference. He had not introduced it into the Preston Retreat, because he was supplied with good fresh milk. Under other circumstances, where milk is diluted, adulterated, or exposed to much jolting in coming to the city, he could believe that the use of this condensed milk would have much to recommend it. It is better adapted for poor people, who are generally supplied with inferior milk. But in large institutions, by mixing the milk of many cows, the quality of the milk is kept about the same average.

He wished to make one criticism upon the exceedingly valuable and unusually interesting paper that had been read this evening. He regarded the proportion of condensed milk to the water as too small; the milk was too much diluted. The Committee of the Philadelphia Obstetrical Society, when considering this subject, was unanimously in favor of the use of condensed milk for children of the poor, but the proportion recommended was one tablespoonful to six of water, and, indeed, some of the committee were in favor of increasing even this amount of milk.

Dr. Henry H. Smith mentioned two cases where children had been raised, strong and healthy, to whom nothing else had been given in the way of nourishment except condensed milk (3j to 3iv), until they were eighteen months old.

Dr. Benjamin Lee last summer attended a little infant with mild enterocolitis, but suffering from diarrhoea, bloody stools, etc. The child was living in the country, and had been kept on the milk of a single cow, fresh, healthy and well-fed, but got no better, the symptoms continuing uncontrollable. The mother had to go to New York, and was advised to give the infant freshly-condensed milk while there, in preference to the ordinary milk that is served in that city. She used the condensed milk according to directions, and the child, instead of getting worse, became completely well. When she returned home and resumed the one cow's milk, the symptoms again appeared, and she

was obliged to return to the condensed milk, with the same good result. The diarrhoea disappeared and did not return again, although the hot weather continued. One advantage in favor of the condensed milk is that it is prepared by large establishments, where proper sanitary regulations can be enforced, which would be impossible in small dairies, where there is also greater danger of infection. Another fact that militates against the healthiness of ordinary city milk is, that the milk cans are in a filthy condition. The floors are soaked, they are very rarely cleansed, and unquestionably the tainted atmosphere must affect the milk, because, if the milk can get out the air can get in, in order to take its place.

He offered the following resolutions, which were unanimously adopted:—

*Resolved*, That the thanks of this Society be tendered to Dr. Bennett, for his interesting and valuable paper, and that this Society cordially approves the efforts made by the Board of Managers of the Children's Seaside Home, to ameliorate the condition of invalid children, whose parents are unable to provide them with a change of air and scene during the heated term.

*Resolved*, That the arrangements of the house, and its general management, as detailed in Dr. Bennett's paper, appear to this Society eminently wise and satisfactory.

*Resolved*, That a copy of these resolutions be forwarded to the Secretary of the Board of Managers.

Dr. Henry H. Smith invited the attention of the Society to some samples of a new adhesive plaster, made by Dr. Henry A. Martin, of Boston. In the formula for the composition of this article, which was published in the *Boston Medical and Surgical Journal*, for October 11th, 1877, it is seen that, by a new process, the elastic and adhesive properties of the india-rubber are gained by including this article in the composition.\* The faults of the ordinary official adhesive plaster are well-known; it requires heat to soften it, or it cracks with cold, does not adhere strongly, and is liable to peel off the cloth if kept any length of time. The muslin on which it is usually spread is not strong enough for the purpose of extension, and these defects are so great as to have led some surgeons to discard it altogether, and use the imported plaster made by Maw, of London, spread on twilled cloth. In 1855 Dr. Smith brought some of Maw's plaster with him, on returning from Europe, and tried to have it made in this city, but the imitation was very inferior to the original.

This new caoutchouc plaster of Dr. Martin is claimed to be adhesive at all temperatures, not to change either with time or season, and

\* The compound of which this plaster is made is of the best Para rubber, Burgundy pitch, and balsam of tolu. It is spread on strongly woven cloth which has been previously shrunk, and deprived of dressing, and disinfected by solution of chloride of zinc.

to sustain stronger weight after application in extension, in hip disease and fractures, than any other in the market. If these claims are supported by subsequent experience, and it has been highly commended by those who have used it thus far, this plaster will be of especial value in the treatment of wounds as well as of fractures and similar conditions requiring extension. It can be obtained either in small sample cans, for ordinary use, or in large quantities, by addressing Metcalf & Co., Boston.

Dr. Wm. B. Atkinson said that Dr. Martin also prepares a strong elastic bandage, for surgical purposes, which he exhibited before the American Medical Association.

Dr. Benj. Lee had been using, for purposes of extension, the india-rubber adhesive plaster of Seabury & Johnson, which has been in the market for some time. The india-rubber plaster does not irritate the skin, and adheres well. The plaster exhibited appears to be very well made, and certainly is stronger than what he had been using. He asked permission to present samples of paper lint to the society. The

fabric is being now experimentally prepared, and should be tried by the profession; samples are provided for this purpose and furnished, on application to Mr. Wyeth. It is not the ordinary paper lint, that was introduced some time ago and found inefficient, but an entirely different preparation. Its advantages are its excellent absorbing powers, its tenacity, for it tears more readily than ordinary lint, and its cheapness. Even when wet for a long time, it retains its firmness and tenacity. It has a distinct fibre, although shorter than that of ordinary patent lint, and appears to possess all its advantages at about one-third of its cost.

Dr. Henry H. Smith also exhibited a specimen of borated cotton, for surgical dressings, said to be antiseptic and to readily absorb and disinfect the discharges.

Dr. W. Penn Buck had used the prepared lint, shown by Dr. Lee, and was much pleased with it. It makes an excellent absorbent for use during the menstrual periods, to supersede cloths, and he had found it eminently satisfactory when so used.

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## EDITORIAL DEPARTMENT.

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### PERISCOPE.

#### Dr. J. Marion Sims on Battey's Operation.

Dr. Sims, after discussing normal ovariectomy, so-called, in the *British Medical Journal*, concludes that Battey's operation may be resorted to under the following conditions:—

1. In cases of amenorrhoea, where there is no uterus, or only the rudiments of one, or where there is an incurable atresia uteri, and the menstrual molimen produces such violent disturbance of the whole system as to destroy health and endanger life, the removal of the ovaries is the only means of permanent relief.

2. In cases of prolonged physical and mental suffering, attended with great nervous and vascular excitement, produced by perturbed menstrual molimen, whether menstruation be absent, scanty, or otherwise, this operation is justifiable after all the usual remedies fail to relieve.

3. In cases of incipient insanity and of epilepsy depending upon ovarian and uterine disease, this operation is justifiable after all other remedies have failed to cure.

4. In cases of fibroid tumors of the uterus attended with incurable hemorrhages that endanger life, when the tumors cannot be safely enucleated and removed, this operation may be resorted to with the hope of arresting the bleeding and the prospect of diminishing the tumors.

5. In cases of chronic pelvic cellulitis and of recurrent hematocele, when the attacks are traceable to the disturbing influences of the menstrual molimen, we may have recourse to this operation as a *dernier ressort*.

#### Is Digital Dilatation of the Os Uteri an Aid to Labor?

At a meeting of the Aberdeen branch of the British Association, Dr. Lyon said he had come, from large experience, to the conclusion that digital dilatation of the os was no aid to labor; and he thought the following reason explained this. During pregnancy, the cervix had an internal and an external opening, and, forming no part of the cavity of the uterus, was under the influence of the reflex action of the spinal cord. When labor commenced, the cavity of the cervix became completely obliterated, and the os, instead of being an opening from a canal, became a hole in the wall of the uterus and the direct outlet of its cavity. By the process of thinning and expanding, the os gradually enlarged till no trace could be found. The distended bag of membranes seemed to exert some influence in dilating the os, but this was chiefly brought about by the uterine longitudinal fibres. While these changes were taking place on the lower part of the uterus, constituting the first part of natural labor, there was always an accompanying state of the body of the uterus characterized by regular contractions gradually increasing. This process of dilatation, etc., was never affected



by the kind of presentation. But, in all cases of labor characterized by rigidity, and a consequent dry and unyielding state of parts, there was want of dilatation; and all efforts, digital or otherwise, were ineffectual, so long as the attendant pains were irregular and without down-bearing tendency. After more or less delay, when pains became regular and expulsive, the parts became lubricated with mucus, soft and yielding; and the dilatation was then speedily effected, and not till then. He had often tried to dilate the os with the finger in those tedious cases, and must, had he persisted, have simply torn the part. He had also succeeded in slipping the stretched os over the occiput, but these efforts had no beneficial effect on the labor. He thought it not improbable that the want of dilatation in such cases might arise from increased tonic contraction of the os, caused by some continued peripheral irritation, and thus would be explained the beneficial effect often produced by removing accumulated feces by enema. He inferred, from what he had observed, that want of dilatation was no cause of hindering the progress of labor, and that the want of dilatation was owing to the state of the uterus characterized by the absence of true labor-pains, and disappeared on their occurrence. Venesection and nauseating doses of emetic tartar had been used to facilitate dilatation, and more recently chloral and chloroform; and, if the object of treatment were to relieve a state of spasmodic contraction, these means appeared more likely to effect the purpose than digital efforts. If the os could yield to the gentle pressure of the finger, why did it not yield to the pressure from above? The necessity for digital interference never existed at all, except in rigidity, and then it was impracticable. If it were to be used at all, Burns' rule was the only safe one—"If the os uteri be lax, and thin, or soft, it is both safe and advantageous to dilate it gently with the finger during a pain"; and, if we got the parts into the condition Burns indicated, there would be no difficulty in producing dilatation, because the cervix, which before was unyielding, had assumed the condition of natural labor and needed no interference.

#### Action of Antiseptics.

In a pamphlet entitled *La Septicémie Expérimentale* (noticed in the *British Medical Journal*), Dr. J. V. Laborde publishes the results of a series of experiments on the preventive and curative action of reputed antiseptics, that especially deserve attention at the present time. In order to produce a septicæmia that should be independent of secondary changes produced by the injection of septogenic material into the subcutaneous connective tissue, he selected the method of arterial communication of Alphonse Guérin. A dog having been made septicæmic by the direct introduction of septic blood into a vein, the femoral artery is laid bare, and its central end is placed in direct communication with the separated distal end of the femoral

artery of a healthy dog. The second dog, which receives the septicæmic blood in this manner, becomes itself septicæmic. By successive "generations" produced by this operative procedure a blood is obtained containing the septicæmic poison in a high degree of intensity. In regard to the presence of organisms in this moribgenic fluid, Dr. Laborde remarks that "the blood of a dog infected by arterial communication has never, when attentively examined at different periods of the disease, exhibited the presence, in appreciable quantity, of microcytes—bacteria, vibrios, granular matter, etc.—not even in cases in which the blood primarily inoculated contained microzoa in more or less large numbers; so that we find ourselves in presence of a disease which can be transmitted indefinitely without the intervention of inferior organisms. In contradiction to the statements of Binz, the author found that quinine, even when injected in the highest doses compatible with life, neither acted as a preventive to the development of the disease, nor arrested it when it was produced. Similar negative results were found with chromic acid, carbolic acid, bichromate of potash, and permanganate of potash.

#### The Diagnosis and Treatment of Hydatids of the Lungs.

The new edition of the work on this subject, by Dr. S. Dougan Bird, of Melbourne, is favorably noticed by English writers. Its most valuable sections are those which relate to diagnosis and treatment. The general symptoms naturally vary greatly with the size and position of the cyst, and its condition as to inflammation or suppuration. In many cases the symptoms are few or absent, even where the cyst is of large size, unless there is pressure or irritation. Loss of flesh, phthisical cachexia, with Hippocratic finger tips, cough and expectoration, may be present, even where the case is uncomplicated; but their persistence, after evacuation of the cyst, indicates tubercular complication. Hæmoptysis in large quantity is extremely rare, though it may occur from the pressure of large or old cysts. But the only means of accurate diagnosis are two: the physical signs before rupture of the cyst, and the expectoration of hooklets or hydatid membrane after rupture, or their evacuation by trocar. The physical signs before rupture of the cyst vary, of course, with the size and locality of the sac; but, according to Dr. Bird, when in the lung itself, there is a certain uniformity in the mode of growth which facilitates diagnosis. When small, the cyst may be near the centre of the lung, with no surrounding false membrane; but as it enlarges, it usually advances toward the chest-wall, compressing the superficial layer of lung tissue. When it has reached the capacity of a pint or more of fluid, there is more or less deficient expansion of the lung on the affected side; mensuration is but little affected; there is

absolute dullness on percussion over a limited circular area, with absence of vocal fremitus, this area of dullness not changing with change of position. Respiratory sounds are lost over the dull area, but recommence immediately beyond, and though, perhaps, harsh and puerile, are vesicular. Fluctuation and vibration on percussion may, in some cases, be observed. When the cyst is much larger, there may be much more variation in the physical signs. After rupture and evacuation by a bronchus, the signs are, of course, those of a cavity.

Dr. Bird points out the difficulty of diagnosing a cyst high up and far back in the liver, encroaching upon the thorax, from one in the lower lobe of the right lung. Phthisis is often simulated by, and may be complicated with, the sequel of hydatid, especially if the latter is allowed to remain without operative interference. Localized pleurisy, circumscribed abscess of the lung, mediastinal tumor or abscess, and solid tumors of the lung, may also be mistaken for hydatids; and, as a final means of diagnosis, Dr. Bird recommends puncture with a fine trocar.

The only treatment which Dr. Bird recommends, and on the necessity and safety of which he strongly insists, is that of immediate tapping with a fine trocar; and, in exceptional cases of old standing, where there is a thick adventitious wall external to the cyst, or in pleural cysts, he advises incision. The trocar should be six inches long, very fine, in fact, the smallest made, and the stylet sharp-pointed. He advises a small skin incision, to save strain on the trocar. He condemns the aspirator, as useless and not devoid of danger.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—The case of the tramp who tattooed syphilis into a number of persons in this State, which we reported in this journal last November, has been given at length, by Drs. Maury and Dulles, in a pamphlet of 19 pp., reprinted from the *American Journal of the Medical Sciences*. It is a curious illustration of the infectious character of secondary lesions.

—Dr. S. M. Miller has left with us a pamphlet containing some University Hospital Clinics, embracing clinical lectures by Profs. Wm. Pepper, on "The Rational Treatment of Typhoid Fever;" Wm. Goodell, on "The Operation for Laceration of the Female Perineum;" H. C. Wood, Jr., on "Sexual Exhaustion;" and R. A. F. Penrose, on "Abortion, its Symptoms and Treatment." Price 50 cents. It may be obtained at the office of this journal.

—The valedictory address to the class on diseases of the skin, at the Philadelphia School of Anatomy and Surgery, by Dr. John V. Shoemaker, is devoted to a description of the various kinds of baths and their uses in diseases of the skin. It is a comprehensive and pleasantly written survey of the subject.

—We have also received the Report of the Pennsylvania Hospital for the Insane, for the year 1877; Report of the New York Ear Dispensary, 1877; Formule of Gelatine-coated Pills and Granules prepared by McKesson & Robbins, New York.

—The address of Dr. J. M. Toner before the Rocky Mountain Medical Association, last June, has been separately printed in neat book form of 112 pages 8vo. He discusses the geological age of the world, the antiquity of man, the remains of extinct races, the origin of syphilis, and a number of interesting archæological questions. It is replete with curious research and useful information. To be had of the author, Washington, D. C.

—A careful study of the local causes of insantiation in Baltimore, by Dr. John Morris, of that city, deserves reading by all interested in sanitary subjects. He shows a gross neglect of public hygiene by the city government—but not more so, we fear, than most other cities of this country are also guilty of. To be had of the author.

—Dr. J. Marion Sims' analysis of Battey's operation has been reprinted from the *British Medical Journal*, by T. Richards, London, (pp. 31). Dr. Sims cordially endorses the propriety of the operation in a number of cases. It may be considered now to rank among the legitimate and classical additions to gynecological surgery.

—The *Arkansas Medical Record*, Vol. 1, No. 1, a monthly journal of Practical Medicine, conducted by Dr. James I. Hale, Little Rock, Ark., has come to hand. It contains original communications by the editor and Dr. M. A. McClelland, and various selections. The proof reading leaves much to be desired.

—A case, illustrating the surgical treatment of intra-uterine fibroids, is reprinted from the *Richmond and Louisville Medical Journal*, by Dr. E. T. Easley, of Little Rock, Arkansas. He condemns cutting operations, and prefers enucleation, when at all practicable. To be had of the author.

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D. G. BRINTON, M.D., EDITOR.

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AN ACT TO PREVENT INJURIOUS ADULTERATIONS OF FOODS AND MEDICINES.

The impunity with which, in this and most other States in the Union, adulterated and inferior articles of food, and especially of drinks and of drugs, are sold, has long called for energetic legislative action.

There is now some chance of having a limit set to the enterprise of unscrupulous vendors, by the introduction of a bill into the House of Representatives of this State, by Dr. JOHN P. EDGE. It is No. 255 of the file of the House, and as it has been carefully prepared, we shall give a pretty full abstract of it, in order that it may be made familiar to the profession, and also serve as a model for action in other States.

The preamble states that the practice of such adulterations has become so frequent as to cause serious injury to health and danger to life, and demands stringent and effective laws for its repression and punishment.

The first section provides that every person who shall willfully admix, or cause any other to admix, with any article of food, drink, or drug, or medicine, for the use or consumption of man or other animal, any injurious or poisonous material or ingredient, to adulterate it for sale, or who shall mix, color, stain or powder any article of food or drink with any material or ingredient so as to render the same injurious to health, with intent that the same may be sold in that state, or who shall sell any such article so mixed, colored, stained or powdered, shall be deemed guilty of a misdemeanor, and on conviction shall suffer a fine not exceeding three hundred dollars, with costs of suit, and for every offence after the first conviction, shall suffer a like fine and imprisonment at labor not exceeding one year, with costs.

The second section provides that any person who shall, except for the purpose of compounding, as afterward described, mix, color, stain or powder any drug or medicine with any ingredient or material, so as to affect injuriously the quality or potency of such drug or medicine, with the intent that the same may be sold in that state, or who shall sell or cause to be sold any such article so mixed, colored, stained or powdered, shall be deemed guilty of a misdemeanor, and subject, on conviction, to the same

penalties respectively as provided in the first section for a first and subsequent offence. *Provided*, That no person shall be liable to a conviction under the provisions of the foregoing sections of this Act, if it be shown, to the satisfaction of the justice or court before whom he is charged, that he did not have knowledge of the said article of food, etc., sold by him, being so mixed, stained or powdered, as aforementioned, and that he could not with reasonable diligence have obtained that knowledge.

The third section reads that any person who shall sell, to the prejudice of the purchaser, any article of food, drink, drug or medicine, which is not of the nature, substance and quality of the article demanded by such purchaser, shall, on conviction, be subject to a fine not exceeding one hundred dollars, with costs. *Provided*, That no offence shall have been deemed as committed where—First. Any matter or ingredient not injurious to health has been added, because the same has been required for the production or preparation thereof as an article of commerce in a state fit for carriage or consumption, and not with fraudulent intent to increase its bulk, weight or measure, or to conceal the inferior quality thereof. Second. Where the food, drug or drink is a proprietary article, or subject to a patent in force, and is supplied in the condition required by the specification of the said patent. Third. Where the food, drug or drink is compounded as mentioned in the act; and Fourth. Where the food, drug or drink is unavoidably mixed with some extraneous matter in the process of collection or preparation.

The fourth section provides that any person who shall sell any compound, article of food, drink, or drug, which is not composed of the ingredients in accordance with the demand of the purchaser, without, at the time of delivering such article, supplying to the person receiving the same, a notice or label distinctly and legibly printed or written on, or with the article delivered, to the effect that it is so mixed, shall be subject to a fine not exceeding one hundred dollars, with costs.

The fifth section states that any person who shall, with the intent that the same may be sold in its altered state, without notice, abstract from an article of food, drink, or drug, any part thereof, so as to affect injuriously its quality, substance, or nature; and any person who shall sell any article so altered without making disclosure of the alteration, shall be subject to a

penalty not exceeding one hundred dollars, with costs.

In order to carry out these provisions the Act further states that it shall be the duty of the courts of quarter sessions in the counties of the Commonwealth, in conjunction with the county commissioners, to appoint one or more persons, who shall be styled "the Public Analyst of the County," who shall possess the competent knowledge, skill, and experience, and shall hold the said office at the pleasure of the power appointing. It shall become the duty of the Analyst to examine, according to the best methods and tests, and to analyze, any and all packages and parcels submitted to him under the provisions of this Act, or by direction of the proper justice or judge. The obvious provision is made that no person shall be appointed County Analyst who shall be engaged directly or indirectly in any trade or business connected with the sale of food, drinks or drugs used for medicines in said county.

It is further provided that any person purchasing an article of food, drink, or drug, within his proper county, shall be entitled, under this Act, on the payment of a sum not exceeding three dollars, to submit the article for analysis to the Analyst, and to receive from him a certificate of the result of his analysis. The Coroner of the county, or the Sealer of Weights and Measures, or any inspector of markets, burgesses, or high constable of a borough, mayor of a city, or high constable of the same, under the direction and at the cost of the local authority appointing them, may procure any sample of food, drinks, or drugs exposed for sale, and suspected to be so offered in violation of this Act, and shall submit the same to the proper Analyst, and such Analyst shall, on receiving payment as provided, analyze the same, and give a certificate to such officer, specifying the result of said analysis, and whether in his opinion such article is adulterated in such manner as to be injurious to the health of persons eating or using the same, and such certificate, duly signed and witnessed, shall, in the absence of any evidence before the court to the contrary, be sufficient evidence of the matters therein certified, and the sum so paid for said certificate shall be deemed part of the costs.

Other sections specify the details of notifying the seller that such a public analysis is to be made; that the samples may be sent by mail;



that a dealer is obliged to sell for analytical purposes samples of his wares; that the analyst should make quarterly reports to the appointing courts; and define the plan of instituting proceedings against offenders.

No one can question the importance of this Act to the general well-being of the Commonwealth. It is matter of notoriety that skillful and fraudulent imitations of almost all expensive drugs are constantly found in the market; while in many instances articles of food are constantly and injuriously adulterated. As for beverages, especially of the alcoholic kind, probably decidedly the larger part of those offered for sale are not what they are sold for, and are often little better than poisonous compounds.

It will be greatly to the credit of Pennsylvania to pass this bill this session, and take a much needed step in protecting the health and lives of her citizens.

## NOTES AND COMMENTS.

### The Study of Diabetes Mellitus.

A clinical observer at Guy's hospital writes:

In the clinical investigation of diabetes, Dr. Pavy observes the condition of the urine and of the blood while the patient is taking a mixed diet. The blood is drawn by cupping; the amount of sugar is determined by the following method. The blood is first mixed with sulphate of soda, and heated, to separate the albuminous and coloring matters; the liquid is then separated, and the coagulum well washed, to remove all the sugar. The liquid is next boiled with an excess of the copper solution, and the reduced suboxide is afterward collected and dissolved by the agency of an acid. In this solution a cylinder of platinum foil is immersed, for the purpose of receiving the copper removed by means of galvanic action. Weighing the platinum foil, before and after the operation, gives the weight of the deposited copper; and from this may be calculated the amount of sugar which has effected the reduction of the cupric oxide (see *Proceedings of the Royal Society*, No. 182, 1877).

Dr. Pavy usually treats his diabetic patients

with codeia or opium, and a restricted diet. The present patient was ordered powdered opium and extract of nux vomica, of each half a grain, in a pill, three times a day.

### Cold Water Injections in Jaundice.

In catarrhal jaundice Dr. Koull has tried, with success, says *La Presse Medicale*, injecting cold water into the rectum by means of an irrigator. The operation should be practiced once in the twenty-four hours. The quantity of water used should depend upon the susceptibility of the individual. The temperature of the water should commence at 12° Reaumur, to be decreased to 3°, as the bowel will not well bear the contact of the water when the temperature remains the same. Seven injections have been sufficient to effect a cure in the practice of Dr. Koull. This treatment removes the feeling of oppression at the epigastrium, the headache, anorexia, etc. In the majority of cases, after the second injection, the feces are colored with bile, and the color of the urine becomes more natural.

### The Ice Water Treatment of Croup.

A physician, Dr. Maunsell, of Yorkshire, urges the treatment of croup according to this method, in the *British Medical Journal*. He illustrates it with this case:—

I was called upon to visit a boy, eight years of age, suffering from "croup," or, to adopt our nomenclature, "acute laryngo-tracheitis, with 'croupous' respiration." He had been at school the day before, though slightly ailing, but had gradually become worse. I had come provided with an emetic mixture of sulphate of zinc and ipecacuanha wine. This was administered twice, at intervals of ten minutes, until vomiting was produced. A bladder had been provided, and, being conveniently filled with ice-cold water, was applied to the throat and upper part of the chest, kept in position well under the chin—the child, of course, being in the prone posture. The child, who naturally objected at first to the cold, became quieter, and in a short time fell apparently into a doze. The respiration, which had been harsh and crowing, gradually became less so; the cough lost somewhat its singing sound; and the skin, which had been hot and dry, became cool and moist. I stayed for two hours in the house, and when I left, I gave instructions that a large warm poultice was to be applied for an hour, in place

of the bladder, and then the iced water to be again reapplied, alternating so each hour until my return. In about ten hours I came back and found everything progressing favorably. The child is now well; and I believe the result might have been very different, at any rate, the chances of recovery much diminished, had that treatment not been adopted.

#### Sign of Criminal Abortion.

MM. Gallard and Leblond brought under the notice of the Société de Médecine Légale what they regard as a certain sign of early abortion having been caused by criminal agency. During the first three months of the life of the ovum, in spontaneous abortion, it is always expelled *en bloc*, with the membranes entire. After the third month the membranes are usually ruptured, the abortion then occupying two stages. In the discussion which ensued it was objected that the exceptions to this rule were too numerous to allow of its acceptance as a legal guide, while criminal abortion may be induced by various means which do not involve rupture of the membranes. Still, the knowledge of these means is not spread much abroad, and seeing the frequency with which the ovum and membranes are discharged intact after criminal abortion, the Society, while refusing to acknowledge this as a law, deemed it right to call great attention to it as a new mode of detection of a crime which so frequently goes unpunished.

#### Diabetes and Alcoholism as Complicating Wounds.

Remarking on the not infrequent co-existence of alcoholism and diabetes, Professor Verneuil, of Paris, said, in a recent paper, that these affections, considered apart, appear to act in a similar manner on the progress of wounds, and induce very analogous traumatic accidents. Alcoholic diabetes perhaps modifies in a special manner the reparative process; but we have no precise knowledge on this point. It, however, seems to be quite probable that it imparts to the prognosis an aggravation for which the alcoholism is chiefly responsible. When called to treat a diabetic patient, the practitioner should always inquire whether alcoholism co-exists or not; and whenever this is not the case, he should always try to prevent its occurrence. When alcoholic diabetes is present, great care must be taken in instituting operations, and even explorations or surgical manœuvres.

## CORRESPONDENCE.

### Treatment of Quartan Intermittents.

ED. MED. AND SURG. REPORTER:—

Under the head of "Queries and Replies," in No. 4 of the current volume of your estimable weekly, Dr. C. M. M., of Ohio, asks for "a good prescription for quartan intermittent." In No. 6 you publish two replies, both of which I have no doubt are very good. I am prompted to add a favorite combination of my own, partly from the fact that it contains some of the ingredients which enter into both of the above referred to recipes. This form of intermittent paludal fever I have found quite rare, though for eight years I have been practicing in an exceedingly malarious region. It is one, too, which often proves very difficult to combat successfully. The following prescription, however, I have found very efficient in the treatment of all miasmatic disorders:—

R.	Strychnæ sulphatis,	gr. iss	
	Quinæ sulphatis,	3i ss	
	Ferri sulph. exsiccat,	3j	
	Acidi sulph. aromatici	f. 3j.	M.
Et adde.—			
	Acidi arseniosi,	gr. ij	
	Podophyllin,	gr. x	
	Gelsemin,	3j.	M.

Ft. pil. No. xc.

Sig. Take one pill three times a day, after meals.

These are to be omitted on the expected chill day, and six-grain doses of quinine given every two hours, commencing very early in the morning, until three or four doses are taken, *p. r. n.* I would here remark, if there is a disposition to intolerance of quinine, its combination with bromohydric acid (to which my attention was attracted in Braithwaite some time ago) will be a prophylactic against headache and other unpleasant results. The acid is an excellent solvent of quinine, and the addition of a drachm of the fluid extract of glycyrrhiza will greatly modify its unpalatableness. As this form of intermittent is hard to dislodge from the system, Dr. C. M. M. might not find it amiss to use "the old woman's remedy" as an addendum, *i. e.* yarn strings saturated with turpentine, applied around the waist, wrists and ankles, on the day of the expected chill. Of course, it is presumed that any hepatic indications have been promptly and judiciously met.

Yours, truly,

CHAS. BASKERVILLE, M. D.

Horn Lake, Mississippi, Feb. 13th, 1878.

### Irritation from Elongated Prepuce.

ED. MED. AND SURG. REPORTER:—

The diagnosis and treatment of the following case was suggested to me by reading the very instructive article in the MEDICAL AND SURGICAL REPORTER of October 14th, 1876, by Dr.

Lewis A. Sayre, on peripheral irritation. Guy J., aged 2½ years. For 18 months previous to this time, his mother had complained to me of his incontinence of urine and frequency of micturition, also of painful erection of penis, and frequent crying spells, as if in pain, especially at night, or during micturition. I had prescribed diuretics, anodynes and antispasmodics, supposing it a urinary disease, but the child continually got worse, and the parents became alarmed, and insisted on a more active treatment.

On examination I found an excessively enlarged and elongated prepuce, and a constiction of the orifice, so that when he attempted to urinate the prepuce almost formed a closed sack, retaining the urine, and causing erection and chordee. Child excessively nervous. In walking drags the left leg, and does not have control over it, as over the other.

Placed the patient under chloroform, and removed, by circumcision, three-quarters of an inch from the end of the prepuce. On reaching the head of the penis, found the mucous membrane adherent throughout its whole extent, to the head of the penis. With the handle of the scalpa and fingers, enucleated the head from the membrane and brought the foreskin over the head and left it there, after making an incision, to prevent swelling and strangulation of the glans.

Gave the mother directions to frequently move the foreskin, so as to prevent its adhesion again to the head of the penis. Dressed with carbolized glycerine. Wound healed kindly and rapidly, and the paralysis, chordee, frequency of micturition and painful crying spells disappeared. Still has some nocturnal incontinence of urine; I think more from habit than from disease.

R. D. BARBER, M. D.

Worthington, Minn., Feb. 7th, 1878.

## NEWS AND MISCELLANY.

### Medical Editors at Law.

The Cincinnati *Medical News* has been made the subject of a law suit between its editors. An injunction and receiver were applied for, but the judge ruled that no sufficient case was made out. The *News* appears to have been published at a financial loss to those interested.

### Diphtheria in Boston.

The alarming prevalence of diphtheria in the "Back Bay" portion of Boston as the new part of the city is called, is thus set forth in the correspondence of the Taunton (Mass.) Gazette: "The prevalence of diphtheria on the Back Bay is something terrible. There is scarcely a house in that elegant portion of the city which has not been visited by this terrible scourge. A gentleman living on the lower part of Beacon street told me, a day or two ago, that within a stone's-

throw of his house there were 20 cases, of the most malignant type. He said that in his own house the sewer gases were so strong that they blackened all the metal, even the brass nails on the dining-room chairs.

### Brown-Sequard on the Nervous System.

This eminent physiologist delivered two lectures in this city last month, on his new views of the nervous system. We have already given in this journal the peculiar views he enunciates (REPORTER, vol. xxxvi, pp. 16, 17). After hearing his arguments from his own lips, we would say that he certainly brings forward objections fatal to the hitherto received theories of motor-nervous action; but that the theory he would substitute is too vaguely supported by experimental evidence to receive, as yet, general adhesion. The lectures will be published in complete form, from stenographic notes, in a few days. Price 50 cents.

### Mortality from Cholera Among the Pilgrims to Mecca.

WASHINGTON, Feb. 21. — Consul-General Schuyler reports to the Secretary of State that there is great mortality from cholera among the pilgrims to Mecca. There were at that place, between the 24th of December and 2d of January, 787 deaths from cholera, and at Jeddah, the port of Mecca, between December 29th and January 6th, 1124 deaths. It is to be feared that, with the return of the pilgrims to their homes, the disease may reach Constantinople, where its ravages would be increased by the present wide spread suffering.

### Personal.

—Dr. Henry C. Moss was assassinated at his home at Venice, Illinois, early in the morning of the 18th ultimo. He had arisen to take some medicine, when he saw two men peeping through the window. He opened the door, thinking they wanted his professional services, and one of them immediately fired, shooting him through the heart. Several men have been arrested, on suspicion.

—Dr. R. V. Wilson, of Clearfield, Pa., who died last month, had attained some eminence in his profession, and was among the first citizens of his section. At the time of his death he was a member of the Geological Commission, created by an act of the Legislature some years since, to perfect the geological survey of the State.

—Dr. E. D. Gazzam, who served several years in the Legislature of the State, died on Tuesday, February 20th, in this city, aged seventy-four.

—Mrs. Jane Pitman, who died in Cincinnati, February 11th, requested, by will, that her body should be cremated by Dr. LeMoyné, of Washington, Pennsylvania. Her wishes were carried out.

## Discreditable Pictures.

An illustrated paper is published at the Hot Springs, Arkansas, designed to advertise certain hotels and regular (!) physicians. These latter favor the public with their counterfeit presentments, done in wood, and glowing tributes to their own powers. They are getting a well-merited scoring from the Western medical journals, and it is to be hoped their discipline will not end with that. Nothing could well be conceived more unbecoming and discreditable.

## Organization of the English Boards of Health.

The English sanitary regulations emanate from a Central Board of Health, created by an act of 1875, with very extensive powers. It controls all local boards, and these also take charge of varied interests; for example, the construction and maintenance of sewers, the cleaning of streets and country roads, and the removal of impurities from private enclosures, with measures of precaution in view of epidemics, the visitation and amelioration of tenements, and, in general, a minute and constant surveillance of the cleanliness and salubrity of the district under their management, and of the health of its inhabitants. They alone can authorize the establishment of slaughter houses and certain kinds of factories; they have the power to open and widen streets, and to create parks and squares, and they must see to it that an adequate supply of gas and water is forthcoming. Much of this work they are permitted, and in some cases required, to let out to contractors, but they cannot free themselves from responsibility and the duty of supervision. Not only the maintenance, but the security of the public thoroughfares, to a large extent, falls within their functions. It is for the health boards to make regulations regarding public vehicles, and to deliver licenses to hacks, and it is their business to enforce penalties for a number of petty delinquencies, such as obstruction of the highway, the discharge of firearms, or any species of disorderly conduct. In a word, Boards of Health in England, at present, engross, or encroach upon, powers distributed in other countries among at least half a dozen distinct organs of government.

The expenditure of such a comprehensive department must, of course, be very considerable. During the last year for which statistics are accessible (1875), the total outlay for all the sanitary bureaus in town and country exceeded fifty-nine million dollars, while the indebtedness of the Health Boards had reached one hundred and seventy millions. Moreover, these figures do not include the sums relating to the city of London.

The local Boards of Health are at present forced to obey the initiative of a central bureau, to register its orders and carry out its plans. The fifty or sixty millions levied on the propertied classes and assigned to sanitary objects have passed under the control of men appointed

by the national Executive, and representing the whole people. The fact is beyond question that the enormous fund devoted to health has been far more wisely administered under the new regime.

## Items.

—A German laborer, in New York, drank at once a pint and a half of whisky, and died in three hours.

—Traces of trichinæ, according to the *St. Louis Post*, have been found among some of the hogs killed in that city this winter.

## QUERIES AND REPLIES.

## Hypophosphites.

*J. E. M., of Pa.*—The hypophosphites of lime and soda are considered the most effective in phthisis. The following combination may serve as a sample:—

R. Calcis hypophosphitis,	ounce ss
Sodii hypophosphitis,	drachms ij
Misture acacis,	fluid ounces iij M.

Teaspoonful thrice daily.

## "No Cure, No Pay."

**MR. EDITOR:**—Can a practitioner of medicine take a case and treat it on the principle "no cure, no pay," and not violate the spirit or letter of the Medical Ethics? **PRACTITIONER.**

**Answer.**—It is clearly contrary, both to the dignity and the ethics of the profession, to make such a bargain. The physician gives his time and his knowledge, and for these he should be paid. The result is often wholly beyond his control.

*Dr. E. F. A. writes:*—Will Dr. Goodell inform a subscriber what kind of a dilator he uses in cases of cervical uterine flexions, and what is his after-treatment?

To this, Dr. Goodell obligingly furnishes the following:—

In answer to E. F. A., I reply that, in stretching open a narrow or a tortuous cervical canal, I use Ellinger's dilator; and that after-treatment is needless unless cervical endometritis be present. E. F. A. will find the details of this mode of treatment in one of my contributions to your journal, published in the issue of January 17th, 1874 (p. 47).

WILLIAM GOODELL, M.D.

500 North 20th street, Philadelphia.

*Dr. L. W. H., of Indiana,* asks for the most approved formula for disguising the taste of quinia.

**Answer.**—A number may be found in Naphey's *Medical Therapeutics*, page 454.

## DEATHS.

**FETHEROLF.**—On Tuesday, the 12th instant, of diphtheritic croup, Winslow Henry, only son of Dr. A. F. and Susan E. Fetherolf, aged 5 years.

**WISTAR.**—On the evening of the 19th ult., Lydia J. Wistar, widow of the late Dr. Casper Wistar.